

## **EXHIBIT 3**

MetLife

4/5/04 4:50 PAGE 2/3 MetLife

NATIONAL BENEFIT CENTER  
P.O. Box 14673  
Lexington, KY 40512-4673  
1-866-335-7444  
Fax: (908) 547-2316  
Website address: www.delphinbc.com  
Telecommunications Device for the Deaf  
TDD: 1-800-872-8682

NOTICE OF INELIGIBILITY FOR COBRA CONTINUATION COVERAGE

April 5, 2004

Joseph M. Reno  
7777 Cliffview Ct.  
Centerville, OH 45459

We regret to inform you that you are not eligible for Delphi Corporation COBRA Continuation Coverage for the following reason:

- ☐ You were not an active dependant of a Delphi employee at the time of the employee's COBRA qualifying event.
- ☐ You did not elect COBRA Continuation within the 60-day election period.
- ☐ You were covered under another continuation program, such as Delphi Program Continuation.
- ☐ You have not been cancelled from the Delphi Health Care Program. In this case, you must contact our office for further information regarding the cancellation of your coverages.
- ☐ The loss of your dependent status was not reported within the required 60-day time period.
- ☒ Other: Due to your employment status code

You may appeal this decision by sending a written request to the National Benefit Center at P.O. Box 5175, Southfield, MI 48096-5175, within 180 days of the date you receive this letter. Please include in your appeal letter the reason(s) you believe this determination of ineligibility should be reconsidered and submit any additional comments, documents, records or other information that you deem appropriate for us to give your appeal consideration. Upon request, the National Benefit Center will provide you with a copy of the documents, records or other information we have that are relevant to the determination.

